

**UNITED STATES DEPARTMENT OF COMMERCE  
COOPERATIVE EDUCATION PROGRAM  
STUDENT'S WORK/STUDY SCHEDULE AGREEMENT**

Name and address of Commerce organization	College/University/High School  Location
Student's name (last, first, middle initial)	Program  Graduate _____ Associate _____  Baccalaureate _____ High School _____
Current education status  Freshman _____ Senior _____ Sophomore _____ Master's Student _____ Junior _____ Doctoral Student _____ GPA _____ GPA in major field _____	Proposed job title, series, and grade
Date of expected graduation from this school	Student's planned career field  Major _____  Minor _____

**PROPOSED WORK/STUDY SCHEDULE**

Full-time ☐Part-time ☐**WORK**

From \_\_\_\_\_

To \_\_\_\_\_

Total weeks \_\_\_\_\_ of hours \_\_\_\_\_ this period

From \_\_\_\_\_

To \_\_\_\_\_

Total weeks \_\_\_\_\_ of hours \_\_\_\_\_ this period

From \_\_\_\_\_

To \_\_\_\_\_

Total weeks \_\_\_\_\_ of hours \_\_\_\_\_ this period

From \_\_\_\_\_

To \_\_\_\_\_

Total weeks \_\_\_\_\_ of hours \_\_\_\_\_ this period

**STUDY**

From \_\_\_\_\_

To \_\_\_\_\_

From \_\_\_\_\_

To \_\_\_\_\_

From \_\_\_\_\_

To \_\_\_\_\_

From \_\_\_\_\_

To \_\_\_\_\_

Remarks

SEE REVERSE SIDE FOR SCHOOL, STUDENT, AND AGENCY CERTIFICATIONS

**The school certifies that the schedule on this Agreement meets the requirements of its cooperative education curriculum.**

\_\_\_\_\_  
Signature of school representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone number

**The schedule reflects my current plans and is acceptable to me.**

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

**The agency certifies that the schedule meets the requirements of its cooperative education program.**

\_\_\_\_\_  
Signature of agency representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone number